

# Calendar No. 417

108TH CONGRESS  
1ST SESSION

# S. 1172

To establish grants to provide health services for improved nutrition, increased physical activity, obesity prevention, and for other purposes.

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## IN THE SENATE OF THE UNITED STATES

JUNE 3, 2003

Mr. FRIST (for himself, Mr. BINGAMAN, Mr. DODD, Mr. DEWINE, Mrs. CLINTON, Mr. WARNER, Mrs. MURRAY, Mr. LUGAR, Ms. LANDRIEU, Mr. SESSIONS, Mr. ALEXANDER, Mr. STEVENS, Mr. ROBERTS, Ms. STABENOW, Mr. CAMPBELL, Ms. COLLINS, Mr. McCONNELL, Mr. FITZGERALD, Mr. COCHRAN, Ms. MIKULSKI, Mr. LAUTENBERG, Mr. JOHNSON, Mr. CORNYN, and Mr. WYDEN) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor and Pensions

NOVEMBER 25, 2003

Reported by Mr. GREGG, with an amendment

[Strike out all after the enacting clause and insert the part printed in *italie*]

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## A BILL

To establish grants to provide health services for improved nutrition, increased physical activity, obesity prevention, and for other purposes.

1       *Be it enacted by the Senate and House of Representa-*  
2       *tives of the United States of America in Congress assembled,*

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “Improved Nutrition  
3 and Physical Activity Act” or the “IMPACT Act”.

4 **SEC. 2. FINDINGS.**

5 Congress makes the following findings:

6 (1) An estimated 61 percent of adults and 13  
7 percent of children and adolescents in the Nation  
8 are overweight or obese.

9 (2) The prevalence of obesity and being over-  
10 weight is increasing among all age groups. There are  
11 twice the number of overweight children and 3 times  
12 the number of overweight adolescents as there were  
13 29 years ago.

14 (3) An estimated 300,000 deaths a year are as-  
15 sociated with being overweight or obese.

16 (4) Obesity and being overweight are associated  
17 with an increased risk for heart disease (the leading  
18 cause of death), cancer (the second leading cause of  
19 death), diabetes (the 6th leading cause of death),  
20 and musculoskeletal disorders.

21 (5) Individuals who are obese have a 50 to 100  
22 percent increased risk of premature death.

23 (6) The Healthy People 2010 goals identify  
24 obesity and being overweight as one of the Nation’s  
25 leading health problems and include objectives of in-  
26 creasing the proportion of adults who are at a

1 healthy weight, reducing the proportion of adults  
2 who are obese, and reducing the proportion of chil-  
3 dren and adolescents who are overweight or obese.

4 (7) Another goal of Healthy People 2010 is to  
5 eliminate health disparities among different seg-  
6 ments of the population. Obesity is a health problem  
7 that disproportionately impacts medically underserved  
8 populations.

9 (8) The United States Surgeon General's report  
10 "A Call To Action" lists the treatment and preven-  
11 tion of obesity as a top national priority.

12 (9) The estimated direct and indirect annual  
13 cost of obesity in the United States is  
14 \$117,000,000,000 (exceeding the cost of tobacco-re-  
15 lated illnesses) and appears to be rising dramati-  
16 cally. This cost can potentially escalate markedly as  
17 obesity rates continue to rise and the medical com-  
18 plications of obesity are emerging at even younger  
19 ages. Therefore, the total disease burden will most  
20 likely increase, as well as the attendant health-re-  
21 lated costs.

22 (10) Weight control programs should promote a  
23 healthy lifestyle including regular physical activity  
24 and healthy eating, as consistently discussed and  
25 identified in a variety of public and private con-

1       sensus documents, including “A Call To Action” and  
2       other documents prepared by the Department of  
3       Health and Human Services and other agencies.

4           (11) Eating preferences and habits are estab-  
5       lished in childhood.

6           (12) Poor eating habits are a risk factor for the  
7       development of eating disorders and obesity.

8           (13) Simply urging overweight individuals to be  
9       thin has not reduced the prevalence of obesity and  
10      may result in other problems including body dis-  
11      satisfaction, low self-esteem, and eating disorders.

12          (14) Effective interventions for promoting  
13      healthy eating behaviors should promote healthy life-  
14      style and not inadvertently promote unhealthy  
15      weight management techniques.

16          (15) Binge Eating is associated with obesity,  
17      heart disease, gall bladder disease, and diabetes.

18          (16) Anorexia Nervosa, an eating disorder from  
19      which 0.5 to 3.7 percent of American women will  
20      suffer in their lifetime, is associated with serious  
21      health consequences including heart failure, kidney  
22      failure, osteoporosis, and death. In fact, Anorexia  
23      Nervosa has the highest mortality rate of all psy-  
24      chiatric disorders, placing a young woman with Ano-

1       rexia at 18 times the risk of death of other women  
2       her age.

3       (17) Anorexia Nervosa and Bulimia Nervosa  
4       usually appears in adolescence.

5       (18) Bulimia Nervosa, an eating disorder from  
6       which an estimated 1.1 to 4.2 percent of American  
7       women will suffer in their lifetime, is associated with  
8       cardiac, gastrointestinal, and dental problems, in-  
9       cluding irregular heartbeats, gastric ruptures, peptic  
10      ulcers, and tooth decay.

11      (19) On the 1999 Youth Risk Behavior Survey,  
12      7.5 percent of high school girls reported recent use  
13      of laxatives or vomiting to control their weight.

14      (20) Binge Eating Disorder is characterized by  
15      frequent episodes of uncontrolled overeating, with an  
16      estimated 2 to 5 percent of Americans experiencing  
17      this disorder in a 6-month period.

18      (21) Eating disorders are commonly associated  
19      with substantial psychological problems, including  
20      depression, substance abuse, and suicide.

21      (22) Eating disorders of all types are more  
22      common in women than men.

# 1       **TITLE I—TRAINING GRANTS**

## 2       **SEC. 101. GRANTS TO PROVIDE TRAINING FOR HEALTH** 3               **PROFESSION STUDENTS.**

4           Section 747(c)(3) of title VII of the Public Health  
 5 Service Act (42 U.S.C. 293k(c)(3)) is amended by striking  
 6 “and victims of domestic violence” and inserting “victims  
 7 of domestic violence; individuals (including children) who  
 8 are overweight or obese (as such terms are defined in sec-  
 9 tion 399W(j)) and at risk for related serious and chronic  
 10 medical conditions; and individuals who suffer from eating  
 11 disorders”.

## 12       **SEC. 102. GRANTS TO PROVIDE TRAINING FOR HEALTH** 13               **PROFESSIONALS.**

14           Section 399Z of the Public Health Service Act (42  
 15 U.S.C. 280h-3) is amended—

16               (1) in subsection (b), by striking “2005” and  
 17               inserting “2007”;

18               (2) by redesignating subsection (b) as sub-  
 19               section (c); and

20               (3) by inserting after subsection (a) the fol-  
 21               lowing:

22               “(b) GRANTS.—

23                       “(1) IN GENERAL.—The Secretary may award  
 24               grants to eligible entities to train primary care phy-  
 25               sicians and other licensed or certified health profes-

sionals on how to identify, treat, and prevent obesity or eating disorders and aid individuals who are overweight, obese, or who suffer from eating disorders.

“(2) APPLICATION.—An entity that desires a grant under this subsection shall submit an application at such time, in such manner, and containing such information as the Secretary may require, including a plan for the use of funds that may be awarded and an evaluation of the training that will be provided.

“(3) USE OF FUNDS.—An entity that receives a grant under this subsection shall use the funds made available through such grant to—

“(A) use evidence-based findings or recommendations that pertain to the prevention and treatment of obesity, being overweight, and eating disorders to conduct educational conferences, including Internet-based courses and teleconferences, on—

“(i) how to treat or prevent obesity, being overweight, and eating disorders;

“(ii) the link between obesity and being overweight and related serious and chronic medical conditions;

1                   “(iii) how to discuss varied strategies  
2                   with patients from at-risk and diverse pop-  
3                   ulations to promote positive behavior  
4                   change and healthy lifestyles to avoid obe-  
5                   sity, being overweight, and eating dis-  
6                   orders;

7                   “(iv) how to identify overweight and  
8                   obese patients and those who are at risk  
9                   for obesity and being overweight or suffer  
10                  from eating disorders and, therefore, at  
11                  risk for related serious and chronic medical  
12                  conditions; and

13                  “(v) how to conduct a comprehensive  
14                  assessment of individual and familial  
15                  health risk factors; and

16                  “(B) evaluate the effectiveness of the  
17                  training provided by such entity in increasing  
18                  knowledge and changing attitudes and behav-  
19                  iors of trainees.”.



1 **TITLE II—COMMUNITY-BASED**  
 2 **SOLUTIONS TO INCREASE**  
 3 **PHYSICAL ACTIVITY AND IM-**  
 4 **PROVE NUTRITION**

5 **SEC. 201. GRANTS TO INCREASE PHYSICAL ACTIVITY AND**  
 6 **IMPROVE NUTRITION.**

7 Part Q of title III of the Public Health Service Act  
 8 (42 U.S.C. 280h et seq.) is amended by striking section  
 9 399W and inserting the following:

10 **“SEC. 399W. GRANTS TO INCREASE PHYSICAL ACTIVITY**  
 11 **AND IMPROVE NUTRITION.**

12 **“(a) ESTABLISHMENT.—**

13 **“(1) IN GENERAL.—**The Secretary, acting  
 14 through the Director of the Centers for Disease  
 15 Control and Prevention and in coordination with the  
 16 Administrator of the Health Resources and Services  
 17 Administration, the Director of the Indian Health  
 18 Service, the Secretary of Education, the Secretary of  
 19 Agriculture, the Secretary of the Interior, the Direc-  
 20 tor of the National Institutes of Health, the Director  
 21 of the Office of Women’s Health, and the heads of  
 22 other appropriate agencies, shall award competitive  
 23 grants to eligible entities to plan and implement pro-  
 24 grams that promote healthy eating behaviors and  
 25 physical activity to prevent eating disorders, obesity,

1       being overweight, and related serious and chronic  
 2       medical conditions. Such grants may be awarded to  
 3       target at-risk populations including youth, adoles-  
 4       cent girls, racial and ethnic minorities, and the un-  
 5       derserved.

6           “(2) TERM.—The Secretary shall award grants  
 7       under this subsection for a period not to exceed 4  
 8       years.

9           “(b) AWARD OF GRANTS.—An eligible entity desiring  
 10      a grant under this section shall submit an application to  
 11      the Secretary at such time, in such manner, and con-  
 12      taining such information as the Secretary may require, in-  
 13      cluding—

14           “(1) a plan describing a comprehensive pro-  
 15      gram of approaches to encourage healthy eating be-  
 16      haviors and healthy levels of physical activity;

17           “(2) the manner in which the eligible entity will  
 18      coordinate with appropriate State and local authori-  
 19      ties, including—

20           “(A) State and local educational agencies;

21           “(B) departments of health;

22           “(C) chronic disease directors;

23           “(D) State directors of programs under  
 24      section 17 of the Child Nutrition Act of 1966  
 25      (42 U.S.C. 1786);

1                   “(E) 5-a-day coordinators;

2                   “(F) governors’ councils for physical activ-  
3                   ity and good nutrition; and

4                   “(G) State and local parks and recreation  
5                   departments; and

6                   “(3) the manner in which the applicant will  
7                   evaluate the effectiveness of the program carried out  
8                   under this section.

9                   “(c) COORDINATION.—In awarding grants under this  
10                  section, the Secretary shall ensure that the proposed pro-  
11                  grams are coordinated in substance and format with pro-  
12                  grams currently funded through other Federal agencies  
13                  and operating within the community including the Phys-  
14                  ical Education Program (PEP) of the Department of Edu-  
15                  cation.

16                  “(d) ELIGIBLE ENTITY.—In this section, the term  
17                  ‘eligible entity’ means—

18                   “(1) a city, county, tribe, territory, or State;

19                   “(2) a State educational agency;

20                   “(3) a tribal educational agency;

21                   “(4) a local educational agency;

22                   “(5) a federally qualified health center (as de-  
23                  fined in section 1861(aa)(4) of the Social Security  
24                  Act (42 U.S.C. 1395x(aa)(4)));

25                   “(6) a rural health clinic;

- 1           ~~“(7) a health department;~~
- 2           ~~“(8) an Indian Health Service hospital or clinic;~~
- 3           ~~“(9) an Indian tribal health facility;~~
- 4           ~~“(10) an urban Indian facility;~~
- 5           ~~“(11) any health care service provider;~~
- 6           ~~“(12) an accredited university or college; or~~
- 7           ~~“(13) any other entity determined appropriate~~  
8           ~~by the Secretary.~~

9           ~~“(e) USE OF FUNDS.—An eligible entity that receives~~  
10   ~~a grant under this section shall use the funds made avail-~~  
11   ~~able through the grant to—~~

12           ~~“(1) carry out community-based activities in-~~  
13   ~~cluding—~~

14           ~~“(A) planning and implementing environ-~~  
15   ~~mental changes that promote physical activity;~~

16           ~~“(B) forming partnerships and activities~~  
17   ~~with businesses and other entities to increase~~  
18   ~~physical activity levels and promote healthy eat-~~  
19   ~~ing behaviors at the workplace and while trav-~~  
20   ~~eling to and from the workplace;~~

21           ~~“(C) forming partnerships with entities, in-~~  
22   ~~cluding schools, faith-based entities, and other~~  
23   ~~facilities providing recreational services, to es-~~  
24   ~~tablish programs that use their facilities for~~  
25   ~~after school and weekend community activities;~~

1           “(D) establishing incentives for retail food  
2 stores, farmer’s markets, food coops, grocery  
3 stores, and other retail food outlets that offer  
4 nutritious foods to encourage such stores and  
5 outlets to locate in economically depressed  
6 areas;

7           “(E) forming partnerships with senior cen-  
8 ters and nursing homes to establish programs  
9 for older people to foster physical activity and  
10 healthy eating behaviors;

11           “(F) forming partnerships with day care  
12 facilities to establish programs that promote  
13 healthy eating behaviors and physical activity;  
14 and

15           “(G) providing community educational ac-  
16 tivities targeting good nutrition;

17           “(2) carry out age-appropriate school-based ac-  
18 tivities including—

19           “(A) developing and testing educational  
20 curricula and intervention programs designed to  
21 promote healthy eating behaviors and habits in  
22 youth, which may include—

23           “(i) after hours physical activity pro-  
24 grams;

1           “(ii) increasing opportunities for stu-  
2           dents to make informed choices regarding  
3           healthy eating behaviors; and

4           “(iii) science-based interventions with  
5           multiple components to prevent eating dis-  
6           orders including nutritional content, under-  
7           standing and responding to hunger and sa-  
8           tiety, positive body image development,  
9           positive self-esteem development, and  
10          learning life skills (such as stress manage-  
11          ment, communication skills, problem-solv-  
12          ing and decisionmaking skills); as well as  
13          consideration of cultural and develop-  
14          mental issues, and the role of family,  
15          school, and community;

16          “(B) providing education and training to  
17          educational professionals regarding a healthy  
18          lifestyle and a healthy school environment;

19          “(C) planning and implementing a healthy  
20          lifestyle curriculum or program with an empha-  
21          sis on healthy eating behaviors and physical ac-  
22          tivity; and

23          “(D) planning and implementing healthy  
24          lifestyle classes or programs for parents or

1 guardians, with an emphasis on healthy eating  
 2 behaviors and physical activity;

3 ~~“(3) carry out activities through the local~~  
 4 ~~health care delivery systems including—~~

5 ~~“(A) promoting healthy eating behaviors~~  
 6 ~~and physical activity services to treat or prevent~~  
 7 ~~eating disorders, being overweight, and obesity;~~

8 ~~“(B) providing patient education and coun-~~  
 9 ~~seling to increase physical activity and promote~~  
 10 ~~healthy eating behaviors; and~~

11 ~~“(C) providing community education on~~  
 12 ~~good nutrition and physical activity to develop~~  
 13 ~~a better understanding of the relationship be-~~  
 14 ~~tween diet, physical activity, and eating dis-~~  
 15 ~~orders, obesity, or being overweight; or~~

16 ~~“(4) other activities determined appropriate by~~  
 17 ~~the Secretary.~~

18 ~~“(f) MATCHING FUNDS.—In awarding grants under~~  
 19 ~~subsection (a), the Secretary may give priority to eligible~~  
 20 ~~entities who provide matching contributions. Such non-~~  
 21 ~~Federal contributions may be cash or in kind, fairly evalu-~~  
 22 ~~ated, including plant, equipment, or services.~~

23 ~~“(g) TECHNICAL ASSISTANCE.—The Secretary may~~  
 24 ~~set aside an amount not to exceed 10 percent of the total~~  
 25 ~~amount appropriated for a fiscal year under subsection (k)~~

1 to permit the Director of the Centers for Disease Control  
 2 and Prevention to provide grantees with technical support  
 3 in the development, implementation, and evaluation of  
 4 programs under this section and to disseminate informa-  
 5 tion about effective strategies and interventions in pre-  
 6 venting and treating obesity and eating disorders through  
 7 the promotion of healthy eating behaviors and physical ac-  
 8 tivity.

9       “(h) LIMITATION ON ADMINISTRATIVE COSTS.—An  
 10 eligible entity awarded a grant under this section may not  
 11 use more than 10 percent of funds awarded under such  
 12 grant for administrative expenses.

13       “(i) REPORT.—Not later than 6 years after the date  
 14 of enactment of the Improved Nutrition and Physical Ac-  
 15 tivity Act, the Director of the Centers for Disease Control  
 16 and Prevention shall review the results of the grants  
 17 awarded under this section and other related research and  
 18 identify programs that have demonstrated effectiveness in  
 19 healthy eating behaviors and physical activity in youth.

20       “(j) DEFINITIONS.—In this section:

21               “(1) ANOREXIA NERVOSA.—The term ‘Anorexia  
 22 Nervosa’ means an eating disorder characterized by  
 23 self-starvation and excessive weight loss.



1           “(2) BINGE EATING DISORDER.—The term  
2           ‘binge eating disorder’ means a disorder character-  
3           ized by frequent episodes of uncontrolled eating.

4           “(3) BULIMIA NERVOSA.—The term ‘Bulimia  
5           Nervosa’ means an eating disorder characterized by  
6           excessive food consumption, followed by inappro-  
7           priate compensatory behaviors, such as self-induced  
8           vomiting, misuse of laxatives, fasting, or excessive  
9           exercise.

10          “(4) EATING DISORDERS.—The term ‘eating  
11          disorders’ means disorders of eating, including Ano-  
12          rexia Nervosa, Bulimia Nervosa, and binge eating  
13          disorder.

14          “(5) HEALTHY EATING BEHAVIORS.—The term  
15          ‘healthy eating behaviors’ means—

16               “(A) eating in quantities adequate to meet,  
17               but not in excess of, daily energy needs;

18               “(B) choosing foods to promote health and  
19               prevent disease;

20               “(C) eating comfortably in social environ-  
21               ments that promote healthy relationships with  
22               family, peers, and community; and

23               “(D) eating in a manner to acknowledge  
24               internal signals of hunger and satiety.

1           “(6) OBESE.—The term ‘obese’ means an adult  
2           with a Body Mass Index (BMI) of 30 kg/m<sup>2</sup> or  
3           greater.

4           “(7) OVERWEIGHT.—The term ‘overweight’  
5           means an adult with a Body Mass Index (BMI) of  
6           25 to 29.9 kg/m<sup>2</sup> and a child or adolescent with a  
7           BMI at or above the 95th percentile on the revised  
8           Centers for Disease Control and Prevention growth  
9           charts or another appropriate childhood definition,  
10          as defined by the Secretary.

11          “(8) YOUTH.—The term ‘youth’ means individ-  
12          uals not more than 18 years old.

13          “(k) AUTHORIZATION OF APPROPRIATIONS.—There  
14          are authorized to be appropriated to carry out this section,  
15          \$60,000,000 for fiscal year 2004 and such sums as may  
16          be necessary for each of fiscal years 2005 through 2008.  
17          Of the funds appropriated pursuant to this subsection, the  
18          following amounts shall be set aside for activities related  
19          to eating disorders:

20                 “(1) \$5,000,000 for fiscal year 2004.

21                 “(2) \$5,500,000 for fiscal year 2005.

22                 “(3) \$6,000,000 for fiscal year 2006.

23                 “(4) \$6,500,000 for fiscal year 2007.

24                 “(5) \$1,000,000 for fiscal year 2008.”

1 **SEC. 202. NATIONAL CENTER FOR HEALTH STATISTICS.**

2 Section 306 of the Public Health Service Act (42  
3 U.S.C. 242k) is amended by striking subsection (n) and  
4 inserting the following:

5 “(n)(1) The Secretary, acting through the Center,  
6 may provide for the—

7 “(A) collection of data for determining the fit-  
8 ness levels and energy expenditure of children and  
9 youth; and

10 “(B) analysis of data collected as part of the  
11 National Health and Nutrition Examination Survey  
12 and other data sources.

13 “(2) In carrying out paragraph (1), the Secretary,  
14 acting through the Center, may make grants to States,  
15 public entities, and nonprofit entities.

16 “(3) The Secretary, acting through the Center, may  
17 provide technical assistance, standards, and methodologies  
18 to grantees supported by this subsection in order to maxi-  
19 mize the data quality and comparability with other stud-  
20 ies.”.

21 **SEC. 203. STUDY OF THE FOOD SUPPLEMENT AND NUTRI-**  
22 **TION PROGRAMS OF THE DEPARTMENT OF**  
23 **AGRICULTURE.**

24 (a) IN GENERAL.—The Secretary of Agriculture shall  
25 request that the Institute of Medicine conduct, or contract  
26 with another entity to conduct, a study on the food and

1 nutrition assistance programs run by the Department of  
2 Agriculture.

3 (b) CONTENT.—Such study shall—

4 (1) investigate whether the nutrition programs  
5 and nutrition recommendations are based on the lat-  
6 est scientific evidence;

7 (2) investigate whether the food assistance pro-  
8 grams contribute to either preventing or enhancing  
9 obesity and being overweight in children, adoles-  
10 cents, and adults;

11 (3) investigate whether the food assistance pro-  
12 grams can be improved or altered to contribute to  
13 the prevention of obesity and becoming overweight;  
14 and

15 (4) identify obstacles that prevent or hinder the  
16 programs from achieving their objectives.

17 (c) REPORT.—Not later than 2 years after the date  
18 of enactment of this Act, the Secretary of Agriculture shall  
19 submit to the appropriate committees of Congress a report  
20 containing the results of the Institute of Medicine study  
21 authorized under this section.

22 (d) AUTHORIZATION OF APPROPRIATIONS.—There is  
23 authorized to be appropriated to carry out this section  
24 \$750,000 for fiscal years 2003 and 2004.

1 **SEC. 204. HEALTH DISPARITIES REPORT.**

2 Not later than 18 months after the date of enactment  
 3 of this Act, and annually thereafter, the Director of the  
 4 Agency for Healthcare Research and Quality shall review  
 5 all research that results from the activities outlined in this  
 6 Act and determine if particular information may be impor-  
 7 tant to the report on health disparities required by section  
 8 ~~903(c)(3)~~ of the Public Health Service Act (~~42 U.S.C.~~  
 9 ~~299a-1(c)(3)~~).

10 **SEC. 205. PREVENTIVE HEALTH SERVICES BLOCK GRANT.**

11 Section ~~1904(a)(1)~~ of the Public Health Service Act  
 12 (~~42 U.S.C. 300w-3(a)(1)~~) is amended by adding at the  
 13 end the following:

14 “(H) Activities and community education pro-  
 15 grams designed to address and prevent overweight,  
 16 obesity, and eating disorders through effective pro-  
 17 grams to promote healthy eating, and exercise habits  
 18 and behaviors.”.

19 **SEC. 206. REPORT ON OBESITY RESEARCH.**

20 (a) IN GENERAL.—Not later than 1 year after the  
 21 date of enactment of this Act, the Secretary of Health and  
 22 Human Services shall submit to the Committee on Health,  
 23 Education, Labor, and Pensions of the Senate and the  
 24 Committee on Energy and Commerce of the House of  
 25 Representatives a report on research conducted on causes  
 26 and health implications of obesity and being overweight.

1 (b) ~~CONTENT.~~—The report described in subsection  
 2 (a) shall contain—

3 (1) descriptions on the status of relevant, cur-  
 4 rent, ongoing research being conducted in the De-  
 5 partment of Health and Human Services including  
 6 research at the National Institutes of Health, the  
 7 Centers for Disease Control and Prevention, the  
 8 Agency for Healthcare Research and Quality, the  
 9 Health Resources and Services Administration, and  
 10 other offices and agencies;

11 (2) information about what these studies have  
 12 shown regarding the causes of, prevention of, and  
 13 treatment of, overweight and obesity; and

14 (3) recommendations on further research that  
 15 is needed, including research among diverse popu-  
 16 lations, the department's plan for conducting such  
 17 research, and how current knowledge can be dissemi-  
 18 nated.

19 **SEC. 207. REPORT ON A NATIONAL CAMPAIGN TO CHANGE**  
 20 **CHILDREN'S HEALTH BEHAVIORS AND RE-**  
 21 **DUCE OBESITY.**

22 Section 399Y of the Public Health Service Act (42  
 23 U.S.C. 280h–2) is amended—

24 (1) by redesignating subsection (b) as sub-  
 25 section (c); and

1           (2) by inserting after subsection (a) the fol-  
 2       lowing:

3       “~~(b) REPORT.—~~The Secretary shall evaluate the ef-  
 4       fectiveness of the campaign described in subsection (a) in  
 5       changing children’s behaviors and reducing obesity and  
 6       shall report such results to the Committee on Health,  
 7       Education, Labor, and Pensions of the Senate and the  
 8       Committee on Energy and Commerce of the House of  
 9       Representatives.”.

10   **SECTION 1. SHORT TITLE.**

11       *This Act may be cited as the “Improved Nutrition and*  
 12   *Physical Activity Act” or the “IMPACT Act”.*

13   **SEC. 2. FINDINGS.**

14       *Congress makes the following findings:*

15           (1) *An estimated 61 percent of adults and 13*  
 16       *percent of children and adolescents in the Nation are*  
 17       *overweight or obese.*

18           (2) *The prevalence of obesity and being over-*  
 19       *weight is increasing among all age groups. There are*  
 20       *twice the number of overweight children and 3 times*  
 21       *the number of overweight adolescents as there were 29*  
 22       *years ago.*

23           (3) *An estimated 300,000 deaths a year are asso-*  
 24       *ciated with being overweight or obese.*

1           (4) *Obesity and being overweight are associated*  
2           *with an increased risk for heart disease (the leading*  
3           *cause of death), cancer (the second leading cause of*  
4           *death), diabetes (the 6th leading cause of death), and*  
5           *musculoskeletal disorders.*

6           (5) *Individuals who are obese have a 50 to 100*  
7           *percent increased risk of premature death.*

8           (6) *The Healthy People 2010 goals identify obe-*  
9           *sity and being overweight as one of the Nation's lead-*  
10          *ing health problems and include objectives of increas-*  
11          *ing the proportion of adults who are at a healthy*  
12          *weight, reducing the proportion of adults who are*  
13          *obese, and reducing the proportion of children and*  
14          *adolescents who are overweight or obese.*

15          (7) *Another goal of Healthy People 2010 is to*  
16          *eliminate health disparities among different segments*  
17          *of the population. Obesity is a health problem that*  
18          *disproportionally impacts medically underserved pop-*  
19          *ulations.*

20          (8) *The United States Surgeon General's report*  
21          *"A Call To Action" lists the treatment and prevention*  
22          *of obesity as a top national priority.*

23          (9) *The estimated direct and indirect annual*  
24          *cost of obesity in the United States is*  
25          *\$117,000,000,000 (exceeding the cost of tobacco-related*



1        *illnesses) and appears to be rising dramatically. This*  
 2        *cost can potentially escalate markedly as obesity rates*  
 3        *continue to rise and the medical complications of obe-*  
 4        *sity are emerging at even younger ages. Therefore, the*  
 5        *total disease burden will most likely increase, as well*  
 6        *as the attendant health-related costs.*

7            *(10) Weight control programs should promote a*  
 8        *healthy lifestyle including regular physical activity*  
 9        *and healthy eating, as consistently discussed and*  
 10       *identified in a variety of public and private con-*  
 11       *sensus documents, including “A Call To Action” and*  
 12       *other documents prepared by the Department of*  
 13       *Health and Human Services and other agencies.*

14           *(11) Eating preferences and habits are estab-*  
 15       *lished in childhood.*

16           *(12) Poor eating habits are a risk factor for the*  
 17       *development of eating disorders and obesity.*

18           *(13) Simply urging overweight individuals to be*  
 19       *thin has not reduced the prevalence of obesity and*  
 20       *may result in other problems including body dis-*  
 21       *satisfaction, low self-esteem, and eating disorders.*

22           *(14) Effective interventions for promoting*  
 23       *healthy eating behaviors should promote healthy life-*  
 24       *style and not inadvertently promote unhealthy weight*  
 25       *management techniques.*

1           (15) *Binge Eating is associated with obesity,*  
 2           *heart disease, gall bladder disease, and diabetes.*

3           (16) *Anorexia Nervosa, an eating disorder from*  
 4           *which 0.5 to 3.7 percent of American women will suf-*  
 5           *fer in their lifetime, is associated with serious health*  
 6           *consequences including heart failure, kidney failure,*  
 7           *osteoporosis, and death. In fact, Anorexia Nervosa has*  
 8           *the highest mortality rate of all psychiatric disorders,*  
 9           *placing a young woman with Anorexia Nervosa at 18*  
 10          *times the risk of death of other women her age.*

11          (17) *Anorexia Nervosa and Bulimia Nervosa*  
 12          *usually appears in adolescence.*

13          (18) *Bulimia Nervosa, an eating disorder from*  
 14          *which an estimated 1.1 to 4.2 percent of American*  
 15          *women will suffer in their lifetime, is associated with*  
 16          *cardiac, gastrointestinal, and dental problems, in-*  
 17          *cluding irregular heartbeats, gastric ruptures, peptic*  
 18          *ulcers, and tooth decay.*

19          (19) *On the 1999 Youth Risk Behavior Survey,*  
 20          *7.5 percent of high school girls reported recent use of*  
 21          *laxatives or vomiting to control their weight.*

22          (20) *Binge Eating Disorder is characterized by*  
 23          *frequent episodes of uncontrolled overeating, with an*  
 24          *estimated 2 to 5 percent of Americans experiencing*  
 25          *this disorder in a 6-month period.*

1           (21) *Eating disorders are commonly associated*  
 2           *with substantial psychological problems, including de-*  
 3           *pression, substance abuse, and suicide.*

4           (22) *Eating disorders of all types are more com-*  
 5           *mon in women than men.*

## 6           ***TITLE I—TRAINING GRANTS***

### 7   ***SEC. 101. GRANTS TO PROVIDE TRAINING FOR HEALTH*** 8           ***PROFESSION STUDENTS.***

9           *Section 747(c)(3) of title VII of the Public Health*  
 10          *Service Act (42 U.S.C. 293k(c)(3)) is amended by striking*  
 11          *“and victims of domestic violence” and inserting “victims*  
 12          *of domestic violence, individuals (including children) who*  
 13          *are overweight or obese (as such terms are defined in section*  
 14          *399W(j)) and at risk for related serious and chronic medical*  
 15          *conditions, and individuals who suffer from eating dis-*  
 16          *orders”.*

### 17   ***SEC. 102. GRANTS TO PROVIDE TRAINING FOR HEALTH*** 18           ***PROFESSIONALS.***

19          *Section 399Z of the Public Health Service Act (42*  
 20          *U.S.C. 280h–3) is amended—*

21           (1) *in subsection (b), by striking “2005” and in-*  
 22           *serting “2007”;*

23           (2) *by redesignating subsection (b) as subsection*  
 24           *(c); and*

1           (3) *by inserting after subsection (a) the fol-*  
 2 *lowing:*

3           “(b) *GRANTS.—*

4                 “(1) *IN GENERAL.—The Secretary may award*  
 5 *grants to eligible entities to train primary care physi-*  
 6 *cians and other licensed or certified health profes-*  
 7 *sionals on how to identify, treat, and prevent obesity*  
 8 *or eating disorders and aid individuals who are over-*  
 9 *weight, obese, or who suffer from eating disorders.*

10               “(2) *APPLICATION.—An entity that desires a*  
 11 *grant under this subsection shall submit an applica-*  
 12 *tion at such time, in such manner, and containing*  
 13 *such information as the Secretary may require, in-*  
 14 *cluding a plan for the use of funds that may be*  
 15 *awarded and an evaluation of the training that will*  
 16 *be provided.*

17               “(3) *USE OF FUNDS.—An entity that receives a*  
 18 *grant under this subsection shall use the funds made*  
 19 *available through such grant to—*

20                     “(A) *use evidence-based findings or rec-*  
 21 *ommendations that pertain to the prevention*  
 22 *and treatment of obesity, being overweight, and*  
 23 *eating disorders to conduct educational con-*  
 24 *ferences, including Internet-based courses and*  
 25 *teleconferences, on—*

1                   “(i) how to treat or prevent obesity,  
2                   being overweight, and eating disorders;

3                   “(ii) the link between obesity and being  
4                   overweight and related serious and chronic  
5                   medical conditions;

6                   “(iii) how to discuss varied strategies  
7                   with patients from at-risk and diverse pop-  
8                   ulations to promote positive behavior  
9                   change and healthy lifestyles to avoid obe-  
10                  sity, being overweight, and eating disorders;

11                  “(iv) how to identify overweight and  
12                  obese patients and those who are at risk for  
13                  obesity and being overweight or suffer from  
14                  eating disorders and, therefore, at risk for  
15                  related serious and chronic medical condi-  
16                  tions;

17                  “(v) how to conduct a comprehensive  
18                  assessment of individual and familial health  
19                  risk factors; and

20                  “(B) evaluate the effectiveness of the train-  
21                  ing provided by such entity in increasing knowl-  
22                  edge and changing attitudes and behaviors of  
23                  trainees.”.

1 **TITLE II—COMMUNITY-BASED**  
 2 **SOLUTIONS TO INCREASE**  
 3 **PHYSICAL ACTIVITY AND IM-**  
 4 **PROVE NUTRITION**

5 **SEC. 201. GRANTS TO INCREASE PHYSICAL ACTIVITY AND**  
 6 **IMPROVE NUTRITION.**

7 *Part Q of title III of the Public Health Service Act*  
 8 *(42 U.S.C. 280h et seq.) is amended by striking section*  
 9 *399W and inserting the following:*

10 **“SEC. 399W. GRANTS TO INCREASE PHYSICAL ACTIVITY AND**  
 11 **IMPROVE NUTRITION.**

12 *“(a) ESTABLISHMENT.—*

13 *“(1) IN GENERAL.—The Secretary, acting*  
 14 *through the Director of the Centers for Disease Con-*  
 15 *trol and Prevention and in coordination with the Ad-*  
 16 *ministrator of the Health Resources and Services Ad-*  
 17 *ministration, the Director of the Indian Health Serv-*  
 18 *ice, the Secretary of Education, the Secretary of Agri-*  
 19 *culture, the Secretary of the Interior, the Director of*  
 20 *the National Institutes of Health, the Director of the*  
 21 *Office of Women’s Health, and the heads of other ap-*  
 22 *propriate agencies, shall award competitive grants to*  
 23 *eligible entities to plan and implement programs that*  
 24 *promote healthy eating behaviors and physical activ-*  
 25 *ity to prevent eating disorders, obesity, being over-*

1        *weight, and related serious and chronic medical con-*  
 2        *ditions. Such grants may be awarded to target at-risk*  
 3        *populations including youth, adolescent girls, health*  
 4        *disparity populations (as defined in section 485E(d)),*  
 5        *and the underserved.*

6                *“(2) TERM.—The Secretary shall award grants*  
 7        *under this subsection for a period not to exceed 4*  
 8        *years.*

9                *“(b) AWARD OF GRANTS.—An eligible entity desiring*  
 10        *a grant under this section shall submit an application to*  
 11        *the Secretary at such time, in such manner, and containing*  
 12        *such information as the Secretary may require, including—*

13                *“(1) a plan describing a comprehensive program*  
 14        *of approaches to encourage healthy eating behaviors*  
 15        *and healthy levels of physical activity;*

16                *“(2) the manner in which the eligible entity will*  
 17        *coordinate with appropriate State and local authori-*  
 18        *ties, including—*

19                *“(A) State and local educational agencies;*

20                *“(B) departments of health;*

21                *“(C) chronic disease directors;*

22                *“(D) State directors of programs under sec-*  
 23        *tion 17 of the Child Nutrition Act of 1966 (42*  
 24        *U.S.C. 1786);*

25                *“(E) 5-a-day coordinators;*

1                   “(F) Governors’ councils for physical activ-  
2                   ity and good nutrition;

3                   “(G) State and local parks and recreation  
4                   departments; and

5                   “(H) State and local departments of trans-  
6                   portation and city planning; and

7                   “(3) the manner in which the applicant will  
8                   evaluate the effectiveness of the program carried out  
9                   under this section.

10                  “(c) COORDINATION.—In awarding grants under this  
11                  section, the Secretary shall ensure that the proposed pro-  
12                  grams are coordinated in substance and format with pro-  
13                  grams currently funded through other Federal agencies and  
14                  operating within the community including the Physical  
15                  Education Program (PEP) of the Department of Edu-  
16                  cation.

17                  “(d) ELIGIBLE ENTITY.—In this section, the term ‘eli-  
18                  gible entity’ means—

19                         “(1) a city, county, tribe, territory, or State;

20                         “(2) a State educational agency;

21                         “(3) a tribal educational agency;

22                         “(4) a local educational agency;

23                         “(5) a federally qualified health center (as de-  
24                         fined in section 1861(aa)(4) of the Social Security  
25                         Act (42 U.S.C. 1395x(aa)(4));



- 1           “(6) a rural health clinic;
- 2           “(7) a health department;
- 3           “(8) an Indian Health Service hospital or clinic;
- 4           “(9) an Indian tribal health facility;
- 5           “(10) an urban Indian facility;
- 6           “(11) any health provider;
- 7           “(12) an accredited university or college;
- 8           “(13) a community-based organization;
- 9           “(14) a local city planning agency; or
- 10          “(15) any other entity determined appropriate
- 11          by the Secretary.

12          “(e) *USE OF FUNDS.*—An eligible entity that receives  
 13 a grant under this section shall use the funds made avail-  
 14 able through the grant to—

15           “(1) carry out community-based activities in-  
 16 cluding—

17           “(A) city planning, transportation initia-  
 18 tives, and environmental changes that help pro-  
 19 mote physical activity, such as increasing the  
 20 use of walking or bicycling as a mode of trans-  
 21 portation;

22           “(B) forming partnerships and activities  
 23 with businesses and other entities to increase  
 24 physical activity levels and promote healthy eat-

1        *ing behaviors at the workplace and while trav-*  
 2        *eling to and from the workplace;*

3                *“(C) forming partnerships with entities, in-*  
 4        *cluding schools, faith-based entities, and other fa-*  
 5        *cilities providing recreational services, to estab-*  
 6        *lish programs that use their facilities for after*  
 7        *school and weekend community activities;*

8                *“(D) establishing incentives for retail food*  
 9        *stores, farmer’s markets, food co-ops, grocery*  
 10        *stores, and other retail food outlets that offer nu-*  
 11        *tritious foods to encourage such stores and outlets*  
 12        *to locate in economically depressed areas;*

13                *“(E) forming partnerships with senior cen-*  
 14        *ters and nursing homes to establish programs for*  
 15        *older people to foster physical activity and*  
 16        *healthy eating behaviors;*

17                *“(F) forming partnerships with daycare fa-*  
 18        *cilities to establish programs that promote*  
 19        *healthy eating behaviors and physical activity;*  
 20        *and*

21                *“(G) providing community educational ac-*  
 22        *tivities targeting good nutrition;*

23                *“(2) carry out age-appropriate school-based ac-*  
 24        *tivities including—*

1           “(A) developing and testing educational  
 2           curricula and intervention programs designed to  
 3           promote healthy eating behaviors and habits in  
 4           youth, which may include—

5                   “(i) after hours physical activity pro-  
 6                   grams;

7                   “(ii) increasing opportunities for stu-  
 8                   dents to make informed choices regarding  
 9                   healthy eating behaviors; and

10                   “(iii) science-based interventions with  
 11                   multiple components to prevent eating dis-  
 12                   orders including nutritional content, under-  
 13                   standing and responding to hunger and sa-  
 14                   tiation, positive body image development,  
 15                   positive self-esteem development, and learn-  
 16                   ing life skills (such as stress management,  
 17                   communication skills, problem-solving and  
 18                   decisionmaking skills), as well as consider-  
 19                   ation of cultural and developmental issues,  
 20                   and the role of family, school, and commu-  
 21                   nity;

22                   “(B) providing education and training to  
 23                   educational professionals regarding a healthy  
 24                   lifestyle and a healthy school environment;

1           “(C) planning and implementing a healthy  
 2           lifestyle curriculum or program with an empha-  
 3           sis on healthy eating behaviors and physical ac-  
 4           tivity; and

5           “(D) planning and implementing healthy  
 6           lifestyle classes or programs for parents or  
 7           guardians, with an emphasis on healthy eating  
 8           behaviors and physical activity;

9           “(3) carry out activities through the local health  
 10          care delivery systems including—

11           “(A) promoting healthy eating behaviors  
 12           and physical activity services to treat or prevent  
 13           eating disorders, being overweight, and obesity;

14           “(B) providing patient education and coun-  
 15           seling to increase physical activity and promote  
 16           healthy eating behaviors; and

17           “(C) providing community education on  
 18           good nutrition and physical activity to develop  
 19           a better understanding of the relationship be-  
 20           tween diet, physical activity, and eating dis-  
 21           orders, obesity, or being overweight; or

22           “(4) other activities determined appropriate by  
 23          the Secretary.

24           “(f) *MATCHING FUNDS.*—In awarding grants under  
 25          subsection (a), the Secretary may give priority to eligible

1 *entities who provide matching contributions. Such non-Fed-*  
 2 *eral contributions may be cash or in kind, fairly evaluated,*  
 3 *including plant, equipment, or services.*

4       “(g) *TECHNICAL ASSISTANCE.*—*The Secretary may set*  
 5 *aside an amount not to exceed 10 percent of the total*  
 6 *amount appropriated for a fiscal year under subsection (k)*  
 7 *to permit the Director of the Centers for Disease Control*  
 8 *and Prevention to provide grantees with technical support*  
 9 *in the development, implementation, and evaluation of pro-*  
 10 *grams under this section and to disseminate information*  
 11 *about effective strategies and interventions in preventing*  
 12 *and treating obesity and eating disorders through the pro-*  
 13 *motion of healthy eating behaviors and physical activity.*

14       “(h) *LIMITATION ON ADMINISTRATIVE COSTS.*—*An eli-*  
 15 *gible entity awarded a grant under this section may not*  
 16 *use more than 10 percent of funds awarded under such*  
 17 *grant for administrative expenses.*

18       “(i) *REPORT.*—*Not later than 6 years after the date*  
 19 *of enactment of the Improved Nutrition and Physical Activ-*  
 20 *ity Act, the Director of the Centers for Disease Control and*  
 21 *Prevention shall review the results of the grants awarded*  
 22 *under this section and other related research and identify*  
 23 *programs that have demonstrated effectiveness in healthy*  
 24 *eating behaviors and physical activity in youth.*

25       “(j) *DEFINITIONS.*—*In this section:*

1           “(1) *ANOREXIA NERVOSA*.—The term ‘Anorexia  
2           *Nervosa*’ means an eating disorder characterized by  
3           self-starvation and excessive weight loss.

4           “(2) *BINGE EATING DISORDER*.—The term ‘binge  
5           eating disorder’ means a disorder characterized by  
6           frequent episodes of uncontrolled eating.

7           “(3) *BULIMIA NERVOSA*.—The term ‘Bulimia  
8           *Nervosa*’ means an eating disorder characterized by  
9           excessive food consumption, followed by inappropriate  
10          compensatory behaviors, such as self-induced vom-  
11          iting, misuse of laxatives, fasting, or excessive exer-  
12          cise.

13          “(4) *EATING DISORDERS*.—The term ‘eating dis-  
14          orders’ means disorders of eating, including Anorexia  
15          *Nervosa*, *Bulimia Nervosa*, and binge eating disorder.

16          “(5) *HEALTHY EATING BEHAVIORS*.—The term  
17          ‘healthy eating behaviors’ means—

18               “(A) eating in quantities adequate to meet,  
19               but not in excess of, daily energy needs;

20               “(B) choosing foods to promote health and  
21               prevent disease;

22               “(C) eating comfortably in social environ-  
23               ments that promote healthy relationships with  
24               family, peers, and community; and

1                   “(D) *eating in a manner to acknowledge in-*  
 2                   *ternal signals of hunger and satiety.*

3                   “(6) *OBESE.—The term ‘obese’ means an adult*  
 4                   *with a Body Mass Index (BMI) of 30 kg/m<sup>2</sup> or great-*  
 5                   *er.*

6                   “(7) *OVERWEIGHT.—The term ‘overweight’*  
 7                   *means an adult with a Body Mass Index (BMI) of 25*  
 8                   *to 29.9 kg/m<sup>2</sup> and a child or adolescent with a BMI*  
 9                   *at or above the 95th percentile on the revised Centers*  
 10                  *for Disease Control and Prevention growth charts or*  
 11                  *another appropriate childhood definition, as defined*  
 12                  *by the Secretary.*

13                  “(8) *YOUTH.—The term ‘youth’ means individ-*  
 14                  *uals not more than 18 years old.*

15                  “(k) *AUTHORIZATION OF APPROPRIATIONS.—There*  
 16                  *are authorized to be appropriated to carry out this section,*  
 17                  *\$60,000,000 for fiscal year 2004 and such sums as may be*  
 18                  *necessary for each of fiscal years 2005 through 2008. Of*  
 19                  *the funds appropriated pursuant to this subsection, the fol-*  
 20                  *lowing amounts shall be set aside for activities related to*  
 21                  *eating disorders:*

22                   “(1) *\$5,000,000 for fiscal year 2004.*

23                   “(2) *\$5,500,000 for fiscal year 2005.*

24                   “(3) *\$6,000,000 for fiscal year 2006.*

25                   “(4) *\$6,500,000 for fiscal year 2007.*

1 “(5) \$1,000,000 for fiscal year 2008.”.

2 **SEC. 202. NATIONAL CENTER FOR HEALTH STATISTICS.**

3 Section 306 of the Public Health Service Act (42  
4 U.S.C. 242k) is amended—

5 (1) in subsection (m)(4)(B), by striking “sub-  
6 section (n)” each place it appears and inserting “sub-  
7 section (o)”;

8 (2) by redesignating subsection (n) as subsection  
9 (o); and

10 (3) by inserting after subsection (m) the fol-  
11 lowing:

12 “(n)(1) The Secretary, acting through the Center, may  
13 provide for the—

14 “(A) collection of data for determining the fitness  
15 levels and energy expenditure of children and youth;  
16 and

17 “(B) analysis of data collected as part of the Na-  
18 tional Health and Nutrition Examination Survey  
19 and other data sources.

20 “(2) In carrying out paragraph (1), the Secretary, act-  
21 ing through the Center, may make grants to States, public  
22 entities, and nonprofit entities.

23 “(3) The Secretary, acting through the Center, may  
24 provide technical assistance, standards, and methodologies  
25 to grantees supported by this subsection in order to maxi-



1 mize the data quality and comparability with other stud-  
 2 ies.”.

3 **SEC. 203. HEALTH DISPARITIES REPORT.**

4       Not later than 18 months after the date of enactment  
 5 of this Act, and annually thereafter, the Director of the  
 6 Agency for Healthcare Research and Quality shall review  
 7 all research that results from the activities outlined in this  
 8 Act and determine if particular information may be impor-  
 9 tant to the report on health disparities required by section  
 10 903(c)(3) of the Public Health Service Act (42 U.S.C. 299a–  
 11 1(c)(3)).

12 **SEC. 204. PREVENTIVE HEALTH SERVICES BLOCK GRANT.**

13       Section 1904(a)(1) of the Public Health Service Act  
 14 (42 U.S.C. 300w–3(a)(1)) is amended by adding at the end  
 15 the following:

16               “(H) Activities and community education pro-  
 17 grams designed to address and prevent overweight,  
 18 obesity, and eating disorders through effective pro-  
 19 grams to promote healthy eating, and exercise habits  
 20 and behaviors.”.

21 **SEC. 205. REPORT ON OBESITY RESEARCH.**

22       (a) *IN GENERAL.*—Not later than 1 year after the date  
 23 of enactment of this Act, the Secretary of Health and  
 24 Human Services shall submit to the Committee on Health,  
 25 Education, Labor, and Pensions of the Senate and the Com-

1 *mittee on Energy and Commerce of the House of Represent-*  
 2 *atives a report on research conducted on causes and health*  
 3 *implications of obesity and being overweight.*

4 (b) *CONTENT.*—*The report described in subsection (a)*  
 5 *shall contain—*

6 (1) *descriptions on the status of relevant, cur-*  
 7 *rent, ongoing research being conducted in the Depart-*  
 8 *ment of Health and Human Services including re-*  
 9 *search at the National Institutes of Health, the Cen-*  
 10 *ters for Disease Control and Prevention, the Agency*  
 11 *for Healthcare Research and Quality, the Health Re-*  
 12 *sources and Services Administration, and other offices*  
 13 *and agencies;*

14 (2) *information about what these studies have*  
 15 *shown regarding the causes of, prevention of, and*  
 16 *treatment of, overweight and obesity; and*

17 (3) *recommendations on further research that is*  
 18 *needed, including research among diverse populations,*  
 19 *the department’s plan for conducting such research,*  
 20 *and how current knowledge can be disseminated.*

21 **SEC. 206. REPORT ON A NATIONAL CAMPAIGN TO CHANGE**  
 22 **CHILDREN’S HEALTH BEHAVIORS AND RE-**  
 23 **DUCE OBESITY.**

24 *Section 399Y of the Public Health Service Act (42*  
 25 *U.S.C. 280h–2) is amended—*

1           (1) *by redesignating subsection (b) as subsection*  
2       *(c); and*

3           (2) *by inserting after subsection (a) the fol-*  
4       *lowing:*

5       “(b) *REPORT.—The Secretary shall evaluate the effec-*  
6       *tiveness of the campaign described in subsection (a) in*  
7       *changing children’s behaviors and reducing obesity and*  
8       *shall report such results to the Committee on Health, Edu-*  
9       *cation, Labor, and Pensions of the Senate and the Com-*  
10       *mittee on Energy and Commerce of the House of Represent-*  
11       *atives.”.*

**Calendar No. 417**

108TH CONGRESS  
1ST SESSION

**S. 1172**

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**A BILL**

To establish grants to provide health services for improved nutrition, increased physical activity, obesity prevention, and for other purposes.

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NOVEMBER 25, 2003

Reported with an amendment